



**FINANCIAL DATA (please note: further information may be requested)**

**The need for financial assistance is the criteria under which grants from the Dan Leach Memorial Fund are awarded. Our Board of Directors reviews the financial circumstances of every applicant before making a decision and relies on the following to make a wise choice.**

Name of Parent / Guardian (s): \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_

Occupation of parent/Guardian #1: \_\_\_\_\_

Employer: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Occupation of parent/Guardian #2: \_\_\_\_\_

Employer: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Number of adults (18+) residing at the same address (*including* parents/guardians above): \_\_\_\_\_

Number of dependent children residing in family: \_\_\_\_\_

Please include any additional household or financial circumstances that may pertain to this application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By submitting and signing this scholarship application, the undersigned certifies that this information is correct and factual.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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**Administrative Use Only**

Date received: \_\_\_\_\_

Amount Granted: \_\_\_\_\_

Date distributed: \_\_\_\_\_

Check #: \_\_\_\_\_

Payable to: \_\_\_\_\_